

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO

10/530829

**FILING DATE**

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**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2		/		/		
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4		3	/	/		
5		①		/		
6		①	/	/		
7		①	/	/		
8		①	/	/		
9		①		/		
10		①	/	/		
11		①	/	/		
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14		③	/	/		
15		①		/		
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TOTAL IND.	3		3			
TOTAL DEP.	21	↔	17	↔		
TOTAL CLAIMS	24		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						